

PHILADELPHIA MEDICAL TIMES.

SATURDAY, OCTOBER 5, 1872.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON EMPHYSEMA OF THE LIVER OCCURRING IN A CASE OF TYPHOID FEVER.

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(Delivered at the Pennsylvania Hospital, September 2, 1872.)

Notes by DR. WHARTON SINKLER.

G. O., æt. 25 years, was admitted to the Pennsylvania Hospital, August 30, 1872. Sailor; single; was born in Nova Scotia, and has been going to sea for ten years.

He sailed from Boston, August 23, in excellent health, and when three days out was taken with diarrhœa and severe headache. He slept well at night, however.

On admission, was extremely feeble; pulse weak and frequent; face dusky, eyes suffused and conjunctiva injected; skin very hot; tongue coated and pasty; had diarrhœa. Heart very weak. Answered with hesitation, and stammered slightly. Mind acted very slowly, and it was impossible to get an accurate history of his past life; in regard to recent events he was more clear. He stated that until March, 1872, he had enjoyed robust health; at this time he contracted syphilis. He has had a cutaneous eruption, sore throat, and periosteal pains. About one month ago, he says, he had two chancres and gonorrhœa, for which he was treated in Boston, in the Massachusetts General Hospital. The chancres soon healed, but the urethral discharge did not cease until three or four days after leaving the hospital.

The patient was at once put in bed, and ordered infus. digitalis f3ss t. d., and for the diarrhœa, opii gr. ½, capsici gr. j, acid. tannic. gr. ij, every two hours, whisky, f3vij a day, milk, and beef-tea.

Temperature in the evening of this day, 102°.

August 31.—Was delirious all night, and could only be kept in bed by forcible restraint. Tongue dry and red; skin dingy; heart feeble; vomits frequently. One quart of urine was drawn off by catheter this morning. The digitalis was stopped, and spt. terebinth. gtt. x every two hours, and quiniæ sulph. gr. viij a day, ordered. Pulse, 120; resp., 24; temp., 101°. Evening temp., 101½°. The urine was found to contain a marked quantity of albumen, and a specimen was sent to Dr. Richardson, Microscopist of the Hospital, for examination. He reported that he detected "small hyaline and medium-sized granular tube-casts, the latter much broken up, the former showing well. Some few of the casts have attached to them epithelial cells, which exhibit minute oil-globules."

September 1.—Skin is not so dingy. Rose-colored spots appearing on chest. Abdomen slightly tympanitic. Tongue coated, and sordes on teeth. Had no stool yesterday until afternoon, when he had a copious watery evacuation. Passes urine himself. Stop turpentine mixture, and give acid. muriat. dil. gtt. x t. d. Pulse, 110; resp., 30; temp., 103°.

September 2.—Somewhat better to-day. Does not vomit, and bowels quiet; takes his nourishment well. Sleeps most of the time, occasionally muttering, and has subsultus tendinum.

September 3.—Looks rather more intelligent, otherwise about the same; spt. chloroform English f3ss every

three hours. Pulse, 112; resp., 24; temp., 101°. Evening, pulse, 108; resp., 24; temp., 102½°. On adding nitric acid f3ss to urine f3ij in a test tube, and applying heat, an intensely dark-red color is produced, showing, according to Dr. George Harley, the presence of a great amount of urohæmatin.

September 4.—About the same. Still delirious at night, but quiet during the day; easily roused, and answers when spoken to. Pulse, 114; resp., 28; temp., 101°. Evening, pulse, 112; resp., 30; temp., 102½°. To f3iv of urine sufficient nitric acid to set free the coloring-matter was added, and then placed in a f3vj bottle. Ether sulph. f3ss was poured in, and the whole put aside for twenty-four hours. At the end of this time the urohæmatin dissolved in the ether had formed a layer resembling currant jelly, on the surface of the liquid.

September 5.—Had a hemorrhage from the bowels last night, and has had several bloody stools to-day. Takes milk and beef-tea readily, but refuses to swallow whisky. Prostrated, dull, and heavy. Urine contains about one-eighth albumen; sp. gr. 1020. R acid. tannic. gr. v every hour. Pulse, 100; resp., 30; temp., 100°. Evening, pulse, 120; resp., 24; temp., 104°.

September 6.—No hemorrhage since yesterday. The tongue moist and cleaner. Ordered one pint of wine a day, instead of the whisky, as this sickened him. Pulse, 114; resp., 28; temp., 103°. Evening, temp., 104°.

September 7.—Had a small tarry stool this morning. Tongue pasty. Takes milk and wine freely; is heavy and somnolent. Pulse, 108; resp., 24; temp., 102°. Evening, pulse, 126; resp., 30; temp., 103°.

September 8.—Hemorrhage from the bowels has returned. Tongue dry and covered with sordes. R acid. gallic. ʒj every two hours. Pulse, 114; resp., 28; temp., 103°. Evening, pulse, 108; resp., 26; temp., 103°.

September 9.—About the same; no hemorrhage since yesterday; increase wine to Ojss a day. Pulse, 114; resp., 26; temp., 101½°. Evening, pulse, 116; resp., 24; temp., 102°.

September 10.—More feeble, but takes all his nourishment. No more hemorrhage. Skin more dusky. Stop gallic acid, and take spt. chloroform English f3j every two hours. Pulse, 100; resp., 18; temp., 102°. Evening, pulse, 144; resp., 30; temp., 102°.

September 10.—Had a profuse hemorrhage from bowels last night; is weaker. Pulse, 140; resp., 33; temp., 103°. Evening, pulse, 144; resp., 30; temp., 102°.

September 12.—No more hemorrhage; yesterday in the afternoon had a dark feculent stool. There is no abdominal tenderness. Pulse, 164; resp., 30; temp., 102°. Evening, pulse, 141; resp., 30; temp., 104°.

September 13.—Yesterday evening had a chill, sank rapidly, and died at one o'clock this morning.

Autopsy, at 12½ P.M., eleven and a half hours after death.—Frame large; limbs somewhat thinned, but not emaciated. Marked swelling at sides of neck—both sides—which extends downwards to sides of thorax, over deltoids, and over clavicular region, evidently subcutaneous emphysema. Much discoloration, from stasis of dependent parts of body. On opening the chest and abdomen, air escaped with a hiss from the peritoneal sac. This was found afterwards to have come from the intestine through a perforation. The lungs were pale, fully distended with air; only basis of inferior lobes congested moderately and slightly splenified; scarcely any old pleuritic adhesions; perhaps two ounces of pinkish serum in pericardium; heart natural.

Abdomen.—Liver large, especially right lobe, which was considerably thickened. No adhesions of liver to diaphragm, and, therefore, no possible communication

between liver and thorax. Spleen moderately enlarged, and dark-colored. On lifting the intestines, there was found in the left side of the abdomen a good deal of thin, dirty, feculent fluid, which had escaped through a small perforation in the ileum. No adhesions nor bright vascularity of the peritoneum, or of the intestines; no lymph-exudations. Over the lower portions of the ileum were some dark congested spots. On laying open the ileum, Peyer's glands were found to be generally ulcerated, with long flocculi hanging from the centres of the patches, colored yellow by fecal matter. Ulcers not deep, edge of ulceration thin, but cut abruptly from the general surface. In the lower few inches of the ileum, much blackish material was strewn over the surface, evidently altered blood. Mesenteric glands enlarged, highly vascular, and softened; many of the solitary glands of the intestine were ulcerated.

Liver was much enlarged (one-third), color dirty brownish-yellow. Tissue everywhere highly crepitant, light and spongy. Adhesion greatly lessened, so that the finger could be readily thrust in, making a ragged hole. Pieces cut off and thrown into water floated exactly like lung, and as lightly. Tissue singularly cribriform, exhibiting innumerable small cavities, like the cells of the lungs. No large cavities in this organ. On pressure, much dirty, frothy, thin liquid escaped, which looked like ichor, but not like pus.

No large or small purulent collections. Gall-bladder filled with thin yellowish bile.

Kidneys were both considerably enlarged (about one-half), dark-colored and congested; distinctly crepitant, but not so much so as the liver; not floating in water. The capsule was easily detached.

Microscopic Examination of the Liver and Kidneys.—Liver very fatty, cells broken up and disintegrated, scarcely any of full size and natural character, fat in large drops scattered over the field, and the broken, small, angulated, and irregular cells all containing much fat in minute refracting points.

Kidneys not fatty. Tubes large, swollen, and crowded with dark, cloudy cells, not fatty. Innumerable loose epithelial cells in field, which are very granular and cloudy.

Remarks.—There was something about this man's appearance, when I first saw him, which struck me as peculiar. He was sitting upon a sofa outside of the ward, having just come in from his ship. He was dull, looked heavy and stupid, had a rather thinnish face for a man of his large and powerful build, spoke slowly and almost in a stammering way, and showed a sluggish memory as to facts.

The next day, when he was in bed, I suspected he had typhoid fever; and yet there was an exhaustion which you do not often see so early in the disease. His eyes were somewhat sunken in the orbits, and his face was haggard and rather pale, not dusky as you so often see in this fever, whilst his thorax was dark-colored, approaching to a cyanotic hue. Finding that his bladder was rather full, I drew off the urine with a catheter, and upon examination found that it contained a good deal of albumen. On adding an excess (about one-fifth) of nitric acid to it, and boiling, it became very dark in color, of a violet tint. This led me to suspect the presence of a large amount of coloring-matter in it, of urohæmatin, and I requested the resident physician, Dr. Cox, to add nitric acid in excess to four ounces of the urine, to shake this well together, then to put it into a six-ounce phial with one ounce of sulphuric ether, shake it again, and let the mixture

stand. Thus treated you saw it the next day, when, if you recollect, there was on the surface of the fluid a layer of about three quarters of an inch in thickness, of a jelly-like substance, of a dark pink color. This is Dr. George Harley's method of showing the presence of large amounts of urohæmatin, and demonstrated the fact that the patient was throwing off through the kidneys a great excess of the coloring-matter of the blood, the result, according to Dr. Harley, of a very rapid and unusual destruction of the red corpuscles. This condition of the urine explained, I thought, in part at least, the unusual exhaustion of the patient.

After this the patient grew gradually worse, had, as you have all heard from the notes of the case, obstinate and copious hemorrhage from the intestines, and died. Whether this rapid loss of the red corpuscles of the blood had anything to do with the condition of the liver found after death, I do not know. This condition is so involved in mystery, that it is important to put upon record all that was observed in the case.

I showed you the liver, kidneys, and small intestines at the last clinic, and told you how very rare this condition of the liver—which is called by some emphysema hepatis, and by certain French writers pulmonization of the liver—is, and how fortunate you were in being able to see so curious a specimen of disease.

Emphysema of the liver must be a very rare phenomenon, since it is mentioned by so few observers. In that great treasure-house of pathological medicine, Rokitsky's Pathological Anatomy, I cannot find a single specific reference to it. I have looked through seven volumes of the Year-Books of the Sydenham Society, and did not find a case. Bamberger, in Virchow's Hand-book of Pathology and Therapeutics, in the chapter on the liver, makes no mention of it. Neither Budd in his Treatise on the Liver, nor Watson in his Practice, nor Graves, who saw so much typhus in Dublin, in his great work on the Science of Medicine, nor the writers on Typhoid Fever and Diseases of the Liver, in Reynolds's System of Medicine, nor the Compendium de Médecine Pratique, even glance at it.

But Louis, in his work on Typhoid Fever, whilst he states that he has never seen it in that fever, tells us that he has met with it three times in patients who had died of other acute diseases. And in his work on Phthisis he reports at length an instance in which it occurred at the close of the disease. Murchison, in his work on Fevers, does not seem to have seen it himself, but refers to Louis's cases, and quotes four cases which were seen in typhus fever by two French observers, Barudel and Jacquot.

Frerichs, in the second volume of his work on Diseases of the Liver, Sydenham Society edition, vol. ii. page 369, refers to it, though he does not seem to have met with it himself. He mentions, however, the case of a man who had died of ileus, in whom there was enormous tympanitic distention of the walls of the abdomen, and in whom air had been forced up the common duct of the liver into the gall-bladder, so that the latter was found after death distended with air to the size of an ostrich

egg, and without any bile in it. But this was not the kind of case we have had before us, nor the kind referred to as a true emphysema hepatis.

Louis says (*Typhoid Fever*, translated by H. I. Bowditch, Boston, 1836, vol. i. 263), "There was no emphysema [of the liver] in a single case; but in those patients who died at various periods from the commencement of the disease, the blood-vessels of the liver contained a greater or less quantity of air."

In the remarks on the liver in patients who died of other acute diseases (vol. i. p. 265), he says, "The color of the liver was greenish, or of a pistachio color, throughout the organ in five cases, in three of which there was emphysema of the liver. . . . This emphysema, which coincided with an analogous state of the cellular tissue of the neck, to a greater or less extent, was especially remarkable, as I have elsewhere observed in an analogous case [work on phthisis], in this, that notwithstanding the great number of void spaces in the liver, the organ was not larger than natural. In whatever light, however, we regard the origin of this affection, whether we consider it to have commenced before or after death, it seems to me impossible to conceive without astonishment of the fact that an affection heretofore called putrid fever has never given rise, in any one of the forty-six cases we are analyzing, to any phenomenon justifying this title, whilst other diseases, whose natures do not repel the idea of putridity, would seem, from the above result, to have this character so often."

In his work on Phthisis (*Syd. Soc. ed.*, p. 123) Louis gives a case of phthisis in a man twenty-seven years of age, in whom at the autopsy there was found general emphysema, more highly developed in the neck and lateral parts of the chest than elsewhere,—accompanied with phlyctenæ filled with a violet-colored liquid. The arms crepitated, and were yet very small,—a proof of the extreme emaciation of the subject. False membranous adhesions, rarely separable, existed both on the liver and the diaphragm. The liver was of dark bistre-color, of very moderate size, very soft, and of such a specific gravity that it floated on the top of water like a healthy lung; internally, it exhibited an infinite number of empty spaces, varying in size from that of a millet-seed to that of a pea, and, taken together, forming a larger space than that occupied by solid tissue.

He says, speaking of this emphysema, that it does not appear to have been "the most remarkable phenomenon connected with it; its size, scarcely equal to that existing in the healthy state, seems to me still more extraordinary. For if we suppose that the emphysema was developed shortly after or a little before death, we must admit the liver to have previously been most extraordinarily small; and inasmuch as there has, perhaps, been no example met with of so small a liver as we should be constrained to imagine under this hypothesis, we are almost inevitably led to believe that, in the case in question, the emphysema was developed long before death, in a gradual manner, and in consequence of some morbid alteration or other of the parenchyma of the organ."

In the case, the specimens of which you saw the

other day, there was certainly no emphysema of the neck before death, or, at least, none was observed, as I believe it would have been had it existed. It is difficult to suppose that the singular cribriform and spongy character of the liver which you saw, and which depended upon the formation in the tissue of the gland of innumerable small open spaces filled with gas or air, so that the liver looked like lung-tissue, or like a very delicate honey-comb, could have been all produced in the eleven hours and a half which elapsed between the moment of death and the autopsy. Moreover, there was no decomposition of the tissues in other parts of the body. The weather was not very hot, and certainly there was no putrefactive process going on in the kidneys, which, like the liver, though to a much smaller extent, were also emphysematous.

The probability seems to me very strong, that the true nature of this singular lesion is best given by Frerichs, whose words I shall quote. He says, "The cause of this peculiar development of gas [chapter on Emphysema Hepatis, *Disease of the Liver*, *Syd. Soc. translation*, vol. ii. p. 369] in the liver is obscure, and the nature of the gas is unknown. We are not, in my opinion, warranted in assuming, with Piorry, that the intestinal gas reaches the liver through the eroded roots of the portal vein. It is more probable that the affection ought to be regarded as a local process of disintegration, and that it originates, under certain circumstances, in those complicated metamorphoses of matter which occur in the liver from the presence of large quantities of the carbo-hydrogens. Whether emphysema of the liver may, as Louis and Piorry believe they have proved, exist during life, and be diagnosed from the disappearance of the hepatic dullness, can only be satisfactorily determined by further observations."

The treatment pursued in the case was of no avail, though I do not see, even now, how it could have been mended. There must have been some deep-seated fault in both the fluids and solids of the patient, which were beyond the resources of the medical art. He was kept rigidly at rest in bed, as fully nourished with milk and beef-tea as possible, and he had the best remedies within our control for the suppression of the hemorrhage and to quiet the nervous phenomena present.

Dr. Charles Cambray, of Cambrai (*De la Dysenterie et des Maladies du Foie*, p. 533), speaks of having seen, on one occasion, emphysema of the liver.

SUICIDE ATTEMPTED BY MEANS OF PETROLEUM (*Mitt. d. Aerztl. Ver. in Wien*, 1872, No. 6).—A woman, forty-five years old, drank one-half litre of petroleum, such as is found in the shops, for purposes of suicide. Symptoms of intoxication were very slight; pain in the stomach, and fever, were almost entirely absent. The cutaneous surface smelt strongly of the petroleum, but not the breath. Her urine contained albumen, pus, and epithelium, and manifested an alkaline reaction. The strong odor of petroleum remained upon the skin for six days, after which the woman recovered entirely. It is interesting to note that the use of petroleum as a substitute for brandy is a common matter among the lower classes in the suburbs of Vienna.

ORIGINAL COMMUNICATIONS.

THE NEW OPERATION FOR COLORING CORNEAL OPACITIES.

BY R. J. LEVIS, M.D.,

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THE artificial coloring of corneal opacities, which, from their characteristic whiteness, are termed leucoma or albugo, is a new surgical procedure that has practical application for cosmetic objects. The same coloring process, applied as I shall suggest, with the object of rendering certain portions of the transparent cornea opaque, so that no visual rays can be transmitted, will prove of value for the palliation or correction of some optical defects of vision.

The disfigurement of the glaring white opaque spaces of the cornea can be concealed by indelibly tinting, so that if central, they shall show the blackness of the natural pupil, or if peripheral in location, the color of the underlying iris may be most deceptively imitated. Should even the entire cornea be opaque, a very natural imitation of the appearance of the whole circle of the iris and the pupil can be accomplished.

The tinting of corneal opacities is effected by imbuing them with various pigments which remain permanently in the tissues. The operation is almost painless, and, in my experience, no irritation has followed in any case. It is simply that which, when applied to the skin, is called *tattooing*; and in the eye the coloring-matter is, on similar principles, introduced beneath the epithelial surface of the cornea.

Various suggestions of instruments have been made for the performance of this little operation by Wecker, of Paris, who lately introduced it, and by other operators, such as a lancet-point, a grooved needle, and sewing-needles bound around a handle, as a pen-holder. After some experience, I find that the most convenient and effective instrument is made by binding together, with a thread, from three to six very fine sewing-needles, for use in accordance with the size of the blemish to be removed. The points of the needles may be made to project equally by holding them perpendicularly on a hard surface before the binding is tightly applied. By inserting the little bundle of needles into a handle, as that of a cataract-needle, or into a hole drilled in the end of a stick of similar form, the instrument is rendered complete.

Coloring-materials of various hues and characters may be used, such as many of the water-colors of the artist, but the great essential is a deep-black tint; and this is perfectly effected by Indian ink, which is a combination of lampblack and gelatin. It seems to be simply requisite that the pigment be unirritating and insoluble matter, and in a state of minute subdivision. For tinting in imitation of the iris, blue or brown pigments will be required, and other colors may be blended with artistic

effect. The paints are prepared for use by rubbing them down to a pasty consistence with water. With the object of preventing the prepared material from drying, so that it may continue ready for use, the mixture may be made with the addition of glycerin.

To perform the operation, I do not ordinarily find it necessary with adults to use either the speculum or the fixing forceps. The upper eyelid is elevated by the operator or by an assistant, one finger retaining the lid in position whilst the adjoining finger presses against the inner canthus to steady the eyeball; and the patient is directed to look intently with both eyes at some point on the wall or the ceiling of the room. Operations on children or on restless adults may require the spring speculum and fixation of the globe with forceps, and even anæsthesia might in some cases be necessary.

The surface of the opaque spot should be wiped clear of moisture with a piece of lint or linen, and the paint is then thickly applied over it with a small pencil. The needle-points are made to penetrate repeatedly and rapidly in varying directions, until much of the opaque surface is gone over and is imbued with the pigment. As the extent and perfection of the coloration cannot be at once accurately determined, two or more repetitions of the operation are usually required.

When an accurately formed pupillary margin or a peripheral circle of the iris is to be represented, it is well to make, in a careful manner, circular dotted lines of color with the needle-points. The inclosed space can afterwards be rapidly filled in with color.

It is not necessary, as has been directed, that the patient's eye should remain open until the pigment dries, as the coloring-matter that is imbedded in the tissues cannot be washed off by the tears, and the drying of the remaining excess on the surface will not tend to fix it there.

In regard to the relief of optical defects by rendering the cornea in some portions opaque, a stenopæic effect may, for instance, in certain cases of permanent mydriasis, be produced by leaving only a central pupil-like space uncolored for the transmission of visual rays.

The same plan may be advantageous in the defect of vision of albinism, substituting the deficiency of pigment in the choroid; and it may also apply to incurable cases of photophobia, by partially excluding the light.

In cases of the existence of unnatural openings in the iris, and of coloboma, whether congenital or due to traumatic causes, the tinting process may be available to shut off the most eccentric rays, and dazzling and confusion of vision will thus be avoided.

The procedure would seem to be available for the relief of the optical defect of the extreme astigmatic refraction of conical cornea, the apex of the conicity being rendered opaque after the performance of an iridectomy downwards.

Irregular astigmatism, which is a varied refraction in the same optical meridian, and is often due to irregular curvature of the cornea, caused by thinning after severe inflammation, traumatic injuries,

and the faulty union of the section in extraction of cataract, may be palliated by obscuring the cornea in curvatures of its most defective refraction.

CLINICAL NOTES.

BY C. H. BURNETT, M.D.

THE first and second cases which I shall describe show the advantages, in some forms of deafness, of two new operations introduced to otia-tries by Prof. Adam Politzer, of Vienna.

The indications for, and the method of performing them have been fully explained by Prof. Politzer, in a lecture, translated into the *Medical Times* for March 15, 1872.

In order, however, to bring before the reader's mind the chief points in that lecture, I shall simply state that the operations, very similar in their nature to each other, are indicated in cases of chronic deafness due to retraction of the membrana tympani as a whole, or when bands of fibrous tissue in any part of the membrane interfere with its vibration.

The first condition is characterized by prominence of the folds of the membrana tympani, especially the posterior fold, and the foreshortening of the handle of the malleus.

The second condition is characterized by prominent bands or ridges running across the surface of the membrane, with or without foreshortening of the handle of the malleus. These bands hold the membrana tympani in a fixed position, and any relief afforded by the air-douche is only temporary, for the membrane soon returns to its former position in consequence of contraction of the fibrous bands.

In order to relieve this abnormal tension of the membrana tympani, Politzer has performed an operation in a series of cases of each form of the disease, consisting of cutting through the posterior fold of the membrana tympani in the former case, and of a severance of the fibrous bands in the latter. This is accomplished with a delicate knife, rounded and sharpened at the end, and which is curved at an angle of forty-five degrees from the handle, or straight, according to the choice of the operator. Politzer recommends the curved form, as allowing more freedom in vision, the hand of the operator being below and not between the ear of the patient and the eye of the surgeon, as it is very apt to be if one uses the straight form of knife.

Gruber prefers a perfectly straight knife in all operations on the ear.

In performing the following operations, I have adhered to Politzer's advice respecting the form of the instrument.

The first case was one of so-called chronic catarrh of the middle ear, in a man sixty-three years old, who presented himself at the Ear Department of the Philadelphia Dispensary last April, complaining of deafness, and desiring treatment. The right ear was the worse, the watch audible 10 metres to the normal ear being heard only 7 cm. The membrana tympani on that side was retracted, marked

with cicatrices, the folds were prominent, and the handle of the malleus was greatly foreshortened. The air-douche gave no relief, being unable to overcome the retraction of the membrana tympani. I then determined to cut through the posterior fold of the membrane, taking care to cut from above downwards, in order to avoid severing the chorda tympani, which lies adjacent to the point usually chosen for the operation in question.

The operation required but a few moments, caused very little pain, and but a drop of blood exuded from the wound, which was 2 mm. in length. There were no unpleasant symptoms of nausea or dizziness on the part of the patient, who never flinched, but remained sitting upright in an ordinary chair, without any support to his head; although it is advisable in most cases to have the head of the patient placed against a firm support, to prevent any sudden movement away from the operator.

The hearing increased instantly to 17 cm. for the watch. Two days later, the hearing-distance had increased to 50 cm. for the watch, showing that, although this patient was old and not the best subject for such an operation, enough was gained by the operation to demonstrate its practicability.

The second operation was upon a female thirty-nine years old, who had noticed deafness five years previous to the time she presented herself for treatment, in April last, at the Philadelphia Dispensary. She showed the usual symptoms of chronic catarrh of the throat and ear, the latter of the non-secretory form, and had probably been hard of hearing longer than she imagined. The right ear was the more affected, and to that the treatment was directed. The hearing-distance for the large watch, audible 10 metres to the normal ear, was reduced to 35 cm., and for the voice in conversation 3 metres. This increased to 40 cm. for the watch, and for the voice to 4 metres, after the introduction of air into the middle ear according to Politzer's method. The membrana tympani appeared very opaque and white, and a large oval cicatrix ran parallel to the handle of the malleus, posteriorly. There were a few small cicatrices in front of the handle of the malleus. The most important change, however, in the membrane, was the prominent white band of fibrous tissue running from the short process of the malleus, downwards and backwards, above the cicatrix, to the periphery of the membrane.

The treatment first pursued consisted of the application of a borax solution (3j to Oj) to the nostrils by direct syringing. In the course of ten days the hearing-distance increased to 55 cm., beyond which point the means in use failed to advance it.

On the 3d of May I cut through the aforesaid band of fibrous tissue. The wound bled more than in the previous case, the hemorrhage amounting to several drops. There was no immediate increase in the hearing-distance, and the patient experienced some pain during the ensuing evening. This was followed by slight local redness at the point of incision, which disappeared entirely in two or three days. In eighteen days from date of operation the hearing-distance had increased to 70 cm. for the watch, and for the voice eight paces. In thirty

days the hearing-distance had reached one metre for the watch, and for spoken words ten paces.

This case I have still under observation, and although the woman is in a humble condition of life and is lactating, she is greatly improved.

The following case demonstrates the advantage to be derived from *paracentesis membranae tympani* in the suppurative stage of otitis media acuta. Gruber has within the last two years drawn the attention of the profession to the benefit of this operation, and has delivered several clinical lectures on the subject, the most important of which have been published in the *Medical and Surgical Reporter* for June 8, 1872, and in the *Pester Mediz.-chirurg. Presse*, 8 Jahrgang, 1872, where the indications for, and the method of performing the operation are fully explained. Great caution must be exercised in making the diagnosis of a collection of exudation behind the membrana tympani, and the point of incision, when we have concluded to perform the operation, should be in the postero-inferior quadrant of the membrane.

The great advantages in this operation are that we choose the point of exit for the collection of exudation which lies behind the membrane, and prevent the spontaneous formation of a large perforation, with its attendant disposition towards a chronic stage.

In the following case the good results of the operation are seen.

It was performed upon a healthy mechanic, thirty-nine years old, on the 17th of last May. He had been exposed during the warm period in May to the direct rays of the sun, had been greatly heated, and had allowed himself to cool rapidly. On the 14th of May he felt great pain and deafness in left ear. The hearing-distance was reduced to $1\frac{1}{4}$ metres for the large watch already mentioned in the previous cases. The membrane was greatly infiltrated, and the malleus had become invisible. The Eustachian tubes were pervious on each side. I ordered the application of two leeches on the tragus, and rest.

Three days later, I saw the man again. The pain had increased; the membrana tympani was forced outwards, especially at the postero-superior quadrant, by a collection of exudation.

Paracentesis was therefore performed at the postero-inferior quadrant, and the pain was instantly relieved. Upon exercising the Valsalvan method of inflating the tympanum, a large drop of pus the size of a pea was forced through the opening in the membrane, and the hearing-distance increased to nearly its normal standard.

By the next day the wound had closed, the pain had not returned, and the hearing was normal.

In this case, by performing paracentesis of the membrana tympani at the right time, the patient escaped a continuance of pain, and the spontaneous opening of the membrane at a less favorable point than the one chosen for the operation.

The postero-inferior quadrant of the membrane is selected as the point for paracentesis, because the simple act of blowing the nose, on the part of the patient, forces the exudation backwards, and gravity

tends to carry it downwards; the two forces insuring a complete emptying of the fluid contents of the cavity of the tympanum, if an opening in the membrane exist at the postero-inferior segment.

NOTES OF HOSPITAL PRACTICE.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROF. JOSEPH PANCOAST.

Reported by FRANK WOODBURY.

EPITHELIOMA OF THE HAND.

A HALE old gentleman of 71 years exhibited a growth in the skin of his left hand over the extensor tendons of the ring and middle fingers. It had first attracted his particular attention about six months before, when it was the size of a small pea, and rather dark-colored. He thought at the time that it was a wart, but it steadily increased in size, and became the seat of a slight, burning, stinging pain. The application of nitrate of silver was made, without checking the disease, which at the date of his appearance at the clinic (Jan. 13) had attained the size of a silver half-dollar. The tumor was movable, tender on pressure; its surface was hard, rough, dry, and dark-colored, and projected from the surrounding skin, encircled by a border of inflammation. There was no hereditary tendency to cancer, and he knew of no attributable cause for the disease.

This affection is non-malignant. Its action, at first, was confined to the sub-epithelial surface of the skin, but it has now involved the entire structure of that tissue. From the mobility of the tumor we see that it has not extended below the skin so as to involve the sheaths of the tendons. It is a disease of advanced life, showing itself most frequently in the integuments of the face and back of the hand, and rarely exhibiting itself before the fortieth or fiftieth year. It is sufficiently common in both sexes.

There are two ways of treating this affection: by the use of caustics (the best of which in such cases is the chloride of zinc), and by excision. Where the epithelial growth is yet small, or occurs in numerous points, as it often does, it is best to rub or even scratch away the dark crust, and apply to the surface a half-saturated solution of the chloride of zinc, afterwards lightly covering the part with an ointment of oxide of zinc and calomel. If hairy parts are involved, as the eyebrows or temples, it will be necessary, as in sycosis, to pull the hairs before the zinc wash is applied. But when the patch is single, and is disposed to spread into the skin rather than rise into a scab, excision of the spot, including the whole substance of the skin, is the best. I usually draw the edges of the wound together with a fine silk suture; but on the sides of the nose, especially at the upper part where they are apt to come, this cannot be done. I then content myself with letting the wound heal up under cold-water dressing or a solution of sulphate of zinc, gr. j to the ounce of water.

To this case of cancer of the hand the caustic, from the comparatively large size of the cancerous spot, is not well suited. Not being able to limit its action, it might strike too deep and involve the thecae of the tendons, which, as the skin moves over them, you see, are now free, and thus render the fingers after the cure permanently lame, by preventing the tendons from sliding in their sheaths.

The operation was then performed by including the mass between two elliptical incisions, carried at once through the skin. The isolated skin and tumor was

then seized at one end with a strong pair of forceps and torn away without the need of any dissection, exposing the outer surface of the white, glistening sheaths of the extensor tendons at the bottom of the wound. The edges of the wound were then partly brought together, without making much tension of the skin, with two or three sutures, and the part dressed with ung. zinci oxidi, and covered with cloths wet with cold water. The hand and forearm were directed to be placed in a splint and elevated in a sling, keeping the fingers extended.

Jan. 17.—Very little inflammation resulted from the operation; some oedematous puffiness existed around the wound, which Dr. Pancoast relieved by puncturing with a small bistoury. A light poultice of boiled starch, inclosed in a linen bag, was directed to be laid on the wound. When the wound began to cicatrize, it was dressed with the following ointment:

R Cerat. plumbi subacetat., ʒss;
Ung. hydrarg. oxidi rubri, ʒj;
Vini opii, ʒiiss.

A few days subsequently, the wound healed, and the patient returned home relieved.

RECURRING CANCER FOLLOWING OPERATION FOR EPITHELIOMA.

In this patient, a man 40 years of age, an epithelioma of the lower lip had been removed by a triangular incision some six months before. The wound had entirely healed after the operation. A malignant growth soon began to show itself as an ulcer on the surface of the lip and on either side of the cicatrix, involving all the proper structure of the lip down to the bone. An enlarged lymphatic gland could be felt under the jaw, which had begun to take on cancerous degeneration, the cancer-cells having probably been carried there by the absorbent vessels from the seat of the disease.

ETHER was administered, and the patient placed in a sitting posture to prevent the blood from running into his mouth. The surgeon then carefully removed every particle of the diseased structure, and scraped the bone, at the same time removing the enlarged gland, which he cautioned the class never to fail to do early, when it first makes its appearance, whether during the progress of the disease, or following an operation for removal of cancer of the lower lip. He invariably directs the patient, after one of these operations, in case he should find, under the lower jaw, a round tumor, like a marble, that cannot be dissipated by frictions with soap liniment, to go at once to a good surgeon and have it taken out. The way of removing it is very simple; sink a tenaculum into the gland, through the skin, cut down to the gland, turn it out from the wound by pushing down the handle of the tenaculum, and pick away the gland. If the operation is delayed until the gland becomes adherent to the periosteum, it will be found too late to prevent the extension of the malignant action to the bone.

The edges of the wound were approximated by the hare-lip suture. A good result was obtained from the operation, and the wound healed shortly afterwards. The patient was warned of the liability of the disease to return, and told to apply for assistance on the first evidences of its reappearance.

A CASE OF VARICOCELE, OR RATHER CIRSOCELE.

A young man of nineteen years appeared at the clinic, January 10, with a varicocele on the left side. There was a history of onanism connected with the case, and he was pale and anæmic, with some consequent cardiac disturbance. He complained of constant dragging pain in the testicle, which he alleviated to some extent by the use of a suspensory; also of pains in the small of his back, neuralgia shooting down the outer part of his thigh, of feeling gloomy and depressed, and

general unfitness for active exertion. The veins of the left spermatic cord were large and convoluted, forming a large tumor at the back part of the pendulous scrotum. The testicle was shrunken in size. This is a common result in such cases. The enlarged and convoluted valveless veins of the cord obstruct the return of blood, and thus, by producing a remora, indirectly diminish the arterial supply of the organ. This view seems to be sustained by the fact that, when the veins are properly obliterated by an operation, the testicle becomes better nourished, and soon regains its proper size. Varicocele is usually found only on the left side. This has been explained by the fact that the left spermatic vein empties at nearly a right angle into the left renal vein, while the right opens by an acute angle into the vena cava. The left also passes behind part of the sigmoid flexure of the colon, where fecal accumulation is common, and it is thought that, at times, this might interrupt the current.

This disease, like varicose veins of the legs, is often hereditary. I have several times seen varicocele existing on the right side, but never unless it was accompanied by a similar affection on the left.

The tumor formed by this affection may be distinguished from inguinal hernia by placing the patient on his back, and elevating and pressing the tumor, when it will slowly disappear. Now, if the finger be placed over the abdominal ring and the patient allowed to resume the erect posture, the swelling will return, which would be impossible in hernia. The physical characters also are dissimilar; the varicocele feels like a convoluted mass of worms, movable over each other, while a hernial tumor is more consistent and rounded.

To this enlargement of the veins of the cord (corpus pampiniforme) the term *cirsocele* is most appropriately applied. The term *varicocele* should be restricted to cases in which, in addition to the *cirsocele*, there is a varicose enlargement of the superficial veins of the scrotum, often connecting by intermediate veins the two corpora pampiniformia together. This is an important practical distinction, for, in the latter case, a modification of the operation is necessary to a cure.

In mild cases, accompanied by little inconvenience, there is not much required in the way of treatment; a suspensory bandage may be worn to support the part, and local applications of cold water made night and morning, and if the health is feeble, a course of tonics, with the shower-bath. In severe cases, relief can only be obtained by an operation, and this, if properly done, is unattended with much risk. It is not worth while to pass here in review the various operative procedures that have been devised for the cure of this disease. This much, however, I will say, that you must not do any cutting operation to expose the veins in order to ligate them: such a course would not unlikely be followed by fatal phlebitis.

The true indication in the operation is to strangulate the veins by a subcutaneous ligature, which shall be all the time under the control of the surgeon, without interfering with the integrity of the vas deferens. By introducing the button-operation, which I did more than twenty years ago, I have reduced the process to such a degree of simplicity that it may be considered almost perfect. The implements required are few: a very strong waxed ligature of saddler's sewing-silk or brown thread, a flat needle, rather dull at the point and not cutting at the edge, or a common darning-needle (either of which may be passed between the veins without cutting them and producing ecchymosis), and a metal disk, an inch and a half in diameter, pierced with two holes an eighth of an inch apart, with a little saddle-back soldered on between the holes, so that the edges of the orifice will not cut the ligature as it is tied, and thus impair the success of the operation. The veins should be full of blood at the time of the operation, and

the hair covering the part clipped away or shaved off. The first and most important step in the operation is to isolate the vas deferens with its attendant artery and veins from the other constituents of the cord, and hold it back with the thumb and forefinger of the left hand. This is generally easily done. But sometimes it is not. Instead of lying in its usual place at the back of the cord, and being readily distinguishable by its wiry feel, it may be found in the centre of the mass of veins, or lying on the front or sides of the cord. Sometimes there is met a vein which has undergone spontaneous obliteration, which resembles somewhat, to the touch, the vas deferens itself. Until the vas deferens can be *satisfactorily isolated*, the operation should not be proceeded with, as the inclusion of the vas deferens with the veins in the ligature would result in the suppuration and destruction of the testicle. A certain sensation approaching sickness, caused by pressure on the duct, will sometimes enable us to distinguish it from an obliterated vein, especially in cases where from the wasting of the testicle the duct itself is small and atrophied.

The second stage of the process is to pass the needle, armed with the thread, behind the mass of veins, and between them and the vas deferens. I consider this so important a step, that I do it before I put the patient under an anæsthetic. I make him sit well over the edge of a bed, or stand up; then, holding the vas deferens well back, I gradually work the needle through in front of it, piercing the skin on both sides, but sliding the needle up under the skin at the place of exit, so as to bring the two orifices of exit and entrance as near together as I can. I let the needle stand transfixed in the wound, and again examine to see that the vas deferens is safe behind the needle.

Third stage. I then lay the patient down, put him into a state of slight insensibility with chloroform or ether, and push the needle through, bringing the ligature with it. Then I enter the needle again at the place of exit, push it under the skin, and in front of the cord, to the place of entrance; draw the loop of thread eight or ten inches farther through the wound, so as to get a strong part of the ligature that could not be cut by the second passage of the needle. I then pass the two ends of the ligature through the holes in the plate, and tie them down in a bow-knot as firmly as possible. A subcutaneous ligature is now tightly tied round the whole corpus pampiniforme,—there is no fear of including too many veins. There will always be veins and arteries enough attached to the vas deferens to maintain the circulation in the testicle. In truth, we often find that the tying of the ligature excites a contraction in the walls of the veins below it, and they empty themselves of their blood probably by the deferential veins. Included in the ligature we of course have the nerves of the cord. The strangulation of these is apt to lead to dysuria. To obviate this I give the following mixture:

R Mist. neutralis,
Aque camphoræ,
Sp. mindererii, aa ʒij;
Morph. acetat.,
Ant. tartarizat., aa gr. j;
Sp. ether. nitrosi, ʒj;
Sacch. alb., ʒj. M.

Sig.—A tablespoonful every hour till sleep and perspiration are produced.

Every third day I untie the bow-knot and re-tighten the ligature, giving the patient a whiff of chloroform to save him pain. On the third tying no pain will be felt. At the end of twelve days, the ligature may be untied or cut on the plate and taken away. The veins will be obliterated; sometimes the ligature will come away in a lump from ulcerative absorption.

The obliteration of the veins takes place first by some

coagulation of blood in them, followed by a deposit of lymph in their cavities, which causes them to form a lump below the ligature the size of a walnut ordinarily, which ultimately disappears by absorption, leaving the previously enlarged veins converted into fibrous cords. In two cases only out of the great numbers upon which I have operated have I seen a lump form on the cardiac side of the ligature, and both of those cases were attended with a little local peritonitis. They did well, however, in the end.

In true varicocele, when there are large superficial veins establishing a communication between the venous systems of the two testicles, it is necessary to tie each large vein by passing a ligature under it with a delicate needle. Unless this be done, if the veins are large, the circulation may return in the ligated vessels.

The operation was performed in the case before the class in the manner above described. It proved one of the exceptional cases in which there was an obliterated vein simulating the vas deferens, and in addition the true vas was found in front of the mass of veins, instead of behind, as is generally the case.

Jan. 13.—The patient was again brought before the class, in order to have the ligature tightened.

Jan. 17.—The same process was repeated in presence of the class. On the 24th, the ligature was removed. The patient returned home a few days after, completely cured. He was directed to cover the orifice, which had been under the plate, with lint spread with compound Elemi ointment until it ceases to discharge; the other orifice made by the needle having healed by first intention. He was also advised to wear a bag-truss until the tumor made by the obliterated veins and diffused lymph around them was reduced by absorption.

EFFECTS OF PNEUMOTHORAX AND OF THE CONSECUTIVE EFFUSIONS IN THE PHTHISICAL (Dr. A. Czernicki, *Gazette Hebdomadaire*, July 19, 1872).—In the recent discussion on thoracentesis at the Académie de Médecine, M. Pidoux quoted the opinion of Laennec, that in cases of irregular phthisis, so long as there was effusion, the diathesis remained stationary, but resumed its development when this disappeared. M. Hérard defended this view, asserting that in some cases the pressure due to the effusion might hinder the development of tubercle. M. Czernicki cited two instances which he thought gave a complete confirmation to this opinion. Two tuberculous patients, in the third stage of the disease, and *in extremis*, were attacked with pneumothorax, followed by effusion. This incident, generally so justly dreaded, manifestly delayed the diathesis, and life was prolonged in both these cases to a period beyond what could have been hoped for.

These two cases were detailed with much care. M. Czernicki thought that the effused liquid compressed the walls of the cavities, producing a local anæmia unfavorable to pulmonary suppuration and to bronchitic hypersecretion. The purulent expectoration diminished; the fever, sweatings, diarrhoea, and dyspepsia disappeared, because of the healing of the pulmonary lesion, which was demonstrated by post-mortem inquiry. M. Czernicki therefore advocated, at least in certain cases, the abandonment of thoracentesis in the effusion consequent upon pneumothorax in tuberculous patients.

SUBCUTANEOUS INJECTIONS OF CORROSIVE SUBLIMATE IN SYPHILIS (*Dorpat. Med. Zeitschr.*, ii. 3, 193).—E. Harsen recommends, in syphilis, the subcutaneous injection of a solution containing in each injection $\frac{1}{4}$ gr. corrosive sublimate and $\frac{1}{16}$ gr. sulphate of morphia. The advantages of this combination are: first, little or no pain in its use; secondly, no induration at the point of injection.

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EDITORIAL.

WITH the present number the *Philadelphia Medical Times* enters upon the third year of its existence. We feel assured that the change from a bi-weekly to a weekly issue will be found to be to the advantage of our readers, and we trust it will be so looked upon by them. With the improvements which experience has shown to be desirable, our aim will be, as heretofore, to offer, in every number, valuable original matter, and a choice selection of current medical literature; to take a high stand upon all ethical points, to aid in the correction of abuses wherever they may exist within our province, and to note all matters of professional interest. We shall be wholly clear of attachment to cliques, schools, or factions, recognizing only the highest interests of the profession and the public, and putting aside all personal or private considerations. Our columns will always be open to those who wish to express their views on any subject coming within our legitimate sphere.

We trust that our labors may meet the approval and encouragement of the profession, and are the more confident, since we have received liberal promises of aid in the way of contributions from able pens for the coming winter.

PROPERTY IN PRESCRIPTIONS.

A QUESTION has recently been raised afresh as to who has the right to a physician's prescription. Does it belong to the writer, to the patient who pays for it, or to the druggist who puts it on file after dispensing the medicine in accordance with it?

It seems to us that the matter is easily settled by common sense. A physician, having examined a patient, writes directions for the putting up of the remedies he considers suitable under the circumstances; the apothecary follows his instructions, without responsibility except to conform to them; the patient takes the label as his guide, and does as

he has been advised. Supposing all this to be done, the physician evidently has no more authority over that prescription, since it is the apothecary's voucher for his preparation of the medicine, and, in case of anything going wrong, would be his only safeguard; the latter has none, for it was merely an instruction to him to compound certain drugs; the patient can have none, for the circumstances under which it was given, and which he is not supposed to appreciate, may have wholly changed before six hours have elapsed from the writing of it.

The practice in London, and perhaps all over England, and on the Continent for aught we know, is for the druggist to make and retain a copy of the prescription, returning the original to the patient.

We are well aware that it is the custom here for patients to send back their phials for renewal, and for druggists to refill them, without the sanction of the physician whose name is appended to prescription No. 12345, or whatever it may be, being obtained. But this is done at their own risk; and should salivation, narcotic or irritant poisoning, or any other untoward result, ensue upon the taking of medicine so renewed, the physician's skirts would be clear. It is also the custom, and a very bad one, for patients to say to their friends, "Dr. So-and-so gave me a prescription which I am sure would do you good; I will give you the number of it:" we have known half a dozen persons to obtain medicine in this way, without any certainty that their cases were analogous to the one for which the remedies were ordered.

Sometimes, to save trouble, physicians who have occasion to make frequent prescriptions of the same compounds will give numbered formulæ to certain druggists, and order them by numbers or by special designations. But this does not change the principle. If a surgeon examines a case of disease of the eye, and writes a prescription for "collyrium adstringens," or for "tonic No. 3," any apothecary who has the corresponding formulæ can follow that direction, as if the ordinary terms were used. It is merely an instruction to him to furnish certain remedies adapted to the existing state of the patient.

This is the great principle for which we contend: that a prescription given in any case is not a thing sold and made over either to patient or to druggist, but a direction supposed to be based on that understanding of the morbid conditions which the physician alone has; and since these conditions may or may not exist at a later stage or in another case, it is at the druggist's risk that he recommends, or at the patient's risk that he orders, the filling of any prescription without direct medical sanction.

THE RECENT INTERNATIONAL CRICKET-MATCH.

ARE we a physically degenerate race? It seems to be thought by many that such an inference may fairly be drawn from the fact that our oarsmen and cricketers have hitherto been over-matched by those of the mother country. And no doubt, to a certain extent, it is so; but there are circumstances to be taken into the account, which very much lessen the apparent gravity of the situation for us.

Aside from the influences of climate and of habits of living (we allude now to diet, social customs, etc.), there is the important fact that the Englishmen who have been pitted against our men were differently placed, in that they could give their whole energies of mind and body to excelling in cricket or in rowing. Voltaire's trees, he said, grew well because they had nothing else to do. Our young men make the cricket-bat or the oar a secondary matter; they reserve their powers for pursuits of graver moment.

Then, again,—and this seems a less favorable consideration,—our national temperament is more excitable and mercurial, more nervous and anxious, than the English. Business and pleasure are alike, in this country, pursued with a feverish haste. It is to be hoped that with increasing years this tendency may subside, and that as public affairs become more and more settled, men may acquire a cooler and steadier tone and habit of mind.

During the war of the rebellion, those who had occasion to see our armies could not but remark the wonderful effect of an out-of-door life, with continual exercise, upon our officers. They gained a physical development, and a cool and manly mental tone, to which many of them had previously been utter strangers. This lesson should not be lost. We are only degenerate so far as we allow excitement and luxury to obtain sway over us.

INTRODUCTORY LECTURES.

WE are informed that the introductory lecture to the coming session of the Medical Department of the University of Pennsylvania will be delivered by Prof. Carson, on Monday, October 7, at 12 M., and will be a eulogy on the late Prof. Samuel Jackson.

On the same day, at 8 P.M., the introductory to the winter session of the Jefferson Medical College will be delivered by Prof. J. M. Da Costa, who will take occasion to pay a tribute to the memory of his predecessor, the lamented Dr. Samuel Henry Dickson.

LECTURE BY DR. BROWN-SEQUARD.

THIS well-known physiologist will deliver a lecture on "The Origin and Signification of the Symptoms of Brain Disease," in the amphitheatre of the University of Pennsylvania, on Thursday evening, Oct. 10, at 8 o'clock. The profession are invited to attend.

CORRESPONDENCE.

MR. EDITOR—DEAR SIR,—I desire to call the attention of those readers of your journal who have not seen my brochure on sun-stroke to the fact that the notice of it in your last issue is largely made up of a series of careless misconceptions. I do not propose to show this in detail: *le jeu ne vaut pas la chandelle*. I will merely cite two instances, which follow one another almost consecutively in the beginning. Your reviewer says that I "dismiss the idea that the 'cardiac cases' die from coagulation of the myosine of the diaphragm, by one experiment;" whereas my real chief reason, as distinctly stated, is *clinical*, i.e., because every observer who has seen such cases says that the *men die of syncope through sudden arrest of the heart's action*, not through the respiration.

Again, my critic says, "Here the grave question arises, Can we abstract heat from the deeper tissues so immediately as to immediately cure?—though, by the way, *THREE out of the FOUR animals so cured died shortly afterwards*." In truth, but a *SINGLE experiment* was made as to this point; and in that the animal did not die at all. (See page 74.)

The only point of force in the notice, I think, is in regard to this local abstraction of heat by external application. It did not occur to me that any would doubt it, or I would have determined the point experimentally. I find, however, in my note-book, an unpublished experiment which has direct bearing on the matter, proving that at least in these small animals it can be done. I heated the body of a pigeon locally, and abstracted heat locally from its head. At the moment of death, the centre of the brain was at 88° F., the rectum at 113° F.

Yours, etc.,

H. C. WOOD.

1706 CHESTNUT ST., PHILA., Sept. 26, 1872.

SMALLPOX IN CHILI.—A letter received in San Francisco, September 24, from the United States Consul at Callao, states that the smallpox prevails in an epidemic form at many of the seaport towns on the coast between Valparaiso and Panama. The character of the disease, the writer says, is more pernicious than the ordinary smallpox, and much more destructive to life.

The letter continues: "In one hospital at Santiago, Chili, out of fifty-eight patients entered in one week, fifty-six died; and, as there are eight or ten such hospitals in that city, you can conceive its destructiveness."

"The disease is making its way steadily to Callao."

PROCEEDINGS OF SOCIETIES.

INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

THE following is an abstract of the scientific work of this body at its recent session:

At 11 A.M., Thursday, August 1, the Congress assembled in the library of the College of Physicians, Trafalgar Square. The walls were hung with the portraits of the old English celebrities in medicine. Harvey's picture hung behind the President, and above were his dissections of the blood-vessels of the human body.

Mr. Critchett welcomed, in French, the members of the Congress. He named the officers of the meeting, viz.: President, Prof. Donders; Vice-Presidents, Prof. Williams, of Boston, and Prof. Warlomont, of Brussels; Secretaries, Mr. J. Soelberg Wells and Prof. Zehender.

The Congress then listened to the following papers and communications:

THURSDAY.

Dr. B. Joy Jeffries (Boston), "On the Use of Ether in Ophthalmic Surgery."

Dr. De Wecker (Paris), "On the Surgical Treatment of Optic Neuritis by Opening the Optic Nerve-sheath."

Dr. Warlomont (Brussels), "Sympathetic Ophthalmia."

Dr. Bader (London) exhibited a case of pannus treated by sulphate of quinine; also a case of conical cornea treated by Graefe's method.

Mr. Critchett (London) exhibited another patient with conical cornea, also operated on by Graefe's method.

Dr. Taylor (Nottingham), on "Extraction of Cataract."

Dr. Rosier, on "Proposed Alterations in the Operation of Linear Extraction of Cataract."

Dr. Warlomont (Brussels), on "Proposed Changes in Cataract Operations by Extraction through the Cornea."

Dr. Hansa (Copenhagen), on "Forty Cases of Extraction of Cataract by Liebreich's Method."

Dr. Dudgeon, "On the Mechanism of Visual Adjustment." [This paper was objected to by the President, as containing nothing new from what he (Prof. Donders) had already published.]

Dr. Woinow (Warsaw), on "Accommodation and Refraction in the Eyes of Children."

Dr. Carreras (Spain), on "Cysticercus within the Globe."

Dr. Galezowski (Paris), on a "Case of Aneurism of the Central Artery of the Optic Papilla."

FRIDAY, AUG. 2.

Dr. Vose Solomon, on "Section of the Ciliary Muscle for Myopia."

Dr. Carter (London), on a "New Form of Demonstrating Ophthalmoscope, and a New Form of Perimeter."

Dr. Hogg (London) showed another form of divided lens to use in the same method of ophthalmoscopy.

Dr. Brettaner (Trieste) exhibited a series of fields of vision drawn from Förster's perimeter.

Dr. Wolfe (Glasgow) reported eighty-two cases of traumatic cataract on which he had operated.

Dr. Pagenstecher (Wiesbaden) exhibited drawings for an "Atlas of Pathological Histology of the Eye."

Mr. Taylor (Nottingham) showed a patient operated on by him for cataract by the method proposed in his paper previously read.

Dr. Zehender (Rostock) described a case of congenital malformation of the eyes in a child. The specimen and drawings were exhibited.

Dr. Robertson (Edinburgh) described a case of Irid-eremia.

Dr. Doijer (Leyden) related the case of a medical student with total absence of the iris from its position.

Dr. Galezowski (Paris) spoke of four cases of the same peculiarity.

Dr. Williams (Cincinnati), papers on "Ulcus Corneae Serpens treated with Carbolic Acid," and on the "Treatment of Chronic Iritis by Warm Poultices."

Mr. Cooper (London), on "The Ophthalmoscope as an Optometer in Astigmatism."

Dr. Javal (Paris) showed how the same ideas had been carried out on the other side of the Channel.

Dr. Jeffries (Boston), on "Test Types and Visual Acuity."

Dr. Oldham, on "An Improved Form of Ophthalmoscope."

Dr. Schröter, on a "New Form of Binocular Ophthalmoscope after Dr. Coccus'."

Dr. Samelson (Manchester), on "Diphtheritic Conjunctivitis."

Dr. Lobo (Rio de Janeiro), on "Distances between the Anterior and Posterior Surfaces of the Crystalline Lens and Cornea."

Dr. Noyes (New York), on "Muscular Asthenopia and its Complications."

Dr. Williams (Boston) here, in behalf of the American Ophthalmological Society, invited the International Congress to visit the United States at its next meeting in 1876, the Centennial Anniversary of American Independence. This invitation was finally accepted.

Thursday evening, a conversazione took place at Mr. Bowman's. Optical and ophthalmic instruments were exhibited, also very many ophthalmoscopic pictures.

Friday evening, a soirée took place at Mr. Critchett's house.

SATURDAY, AUG. 3.

Mr. S. Watson (London) exhibited his plan of applying cold to the eye by water in small rubber bags; he also read a paper on Dermoid Cysts.

Mr. Teale (Leeds), on his operation for Symblepharon; two patients shown.

Dr. Wolfe (Glasgow) explained his own method for this operation.

Dr. Javal (Paris) presented the report of the committee of the Congress, recommending metrical and decimal series in trial-glasses.

Dr. Schmidt, paper on the "Distention of the Optic Nerve-sheath in Optic Neuritis."

Dr. Green (St. Louis) read a paper on test types modified from Snellen's.

Mr. Power (London), paper on "Transplantation of the Cornea."

Dr. Williams (Boston) showed his needles for stitching the cornea in cataract operations.

Mr. Bowman (London) spoke of the following operations: 1st, for precisising and placing an artificial pupil; 2d, for removal of dense papillary membranes; 3d, for double iridectomy on the same eye by two knives at the same time; 4th, for conical cornea, by trephining the cornea and other methods.

Dr. Quaglino (Naples) spoke on "Sclerotomy in Glaucoma."

Dr. —, on "Cutting the Sclerotic for Glaucoma."

Dr. Noyes (New York) exhibited eye-specula, and showed his form of register to be used in writing out cases.

Dr. De Wecker (Paris) then proposed that, the hour of three o'clock having arrived, the Congress listen to Prof. Donders, which the members did with the greatest attention. He spoke of and exhibited an instrument for measuring the distance between the lens and cornea. He then criticised and exploded Förster's idea that accommodation will take place when the lens is absent (great applause). He also spoke on traumatic keratitis, and in reference to the pus-cells and the corneal corpuscles.

The *Compte-Rendu* will appear in English, and will contain some other papers besides those alluded to.

REVIEWS AND BOOK NOTICES.

FUNCTIONAL DISEASES OF THE RENAL, URINARY, AND REPRODUCTIVE ORGANS, WITH A GENERAL REVIEW OF URINARY PATHOLOGY. By D. CAMPBELL BLACK, M.D., L.R.C.S. Edin., Member of the General Council of the University of Glasgow, etc. etc. Philadelphia, Lindsay & Blakiston, 1872. Pp. 300.

This volume—the expansion, as its author tells us, of a proposed article for the *British Medical Journal*—is evidently written by a gentleman of considerable practical experience, deep thought, and extensive reading.

The work begins with a disquisition upon the conditions affecting the secretion of urine, with special reference to suppression, in which those all-important bases of exact medical science, the pathology and morbid anatomy of disease, are by no means neglected. Following this part, about seventy pages are devoted to a review of the varieties, causes, and management of retention of the urine after its secretion; and the remainder of the book is chiefly occupied with excellent investigations into the pathology and treatment of nocturnal enuresis, spermatic incontinence, and the allied subjects of masculine impotence and sterility, all of which, the author most judiciously maintains, have been quite long enough abandoned by the regular profession to designing charlatans, who not only take advantage of the natural anxieties which assail sufferers from sexual disorders, but systematically aggravate the apprehensions of their victims, from base pecuniary motives. The style of the author is clear, easy, and agreeable, although a few careless infelicities of expression mar its general perspicuity. On page 150 we note that the author exhibits a misapprehension of the mode by which white blood-corpuscles wander out through the vascular walls. Nevertheless, on the whole, his work is a valuable contribution to medical science, and, being penned in that disposition of unprejudiced philosophical inquiry which should always guide a true physician, admirably embodies the spirit of its opening quotation from Prof. Huxley: "We live in a world which is full of misery and ignorance; and it is the plain duty of each and all of us to try to make the little corner he can influence, somewhat less miserable, and somewhat less ignorant, than it was before he entered it."

GENERAL AND DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS, WITH SPECIAL REFERENCE TO THE OPERATION OF OVARIOTOMY, ETC. By WASHINGTON L. ATLEE, M.D. Philadelphia, J. B. Lippincott & Co.

How the times change, and we with them! A few years ago, ovariectomy was under the ban both here and abroad. We well remember those dog-days of incandescent controversy and fierce bickerings,—days in which the ovariectomist was almost tabooed from polite society, and hardly on speaking terms with his professional brethren. But here before us lies a work upon this subject of discord, which, we venture to predict, will be heartily welcomed by the whole body of English-speaking and English-reading physicians. And let us here remark, to the author's credit, that we can find in it no trace of rancor at past grievances, no hint of self-satisfaction at his own consummate triumph.

The book is a good one, both in style and in matter. It is written in plain unpretentious English, with none of those sonorous triplets and rhythmic euphuisms which flounce and trick out the ambitious literature of the day. As regards matter, from title-page to colophon we have hardly turned a leaf without finding something new, something interesting, something of value. Who, for instance, would presuppose that after the removal of both ovaries the catamenia could still continue, and that the sexuality of the woman could

remain unimpaired? But case upon case is given to substantiate these curious facts. Spencer Wells, indeed, relates that after such a wholesale extirpation one of his patients became actually aggressive. Where are our physiologists? What are they at? Here is matter for them to look into! Further, Dr. Atlee gives two cases in which, one ovary having been removed, the other became so diseased as to require repeated tapings, followed ultimately by its removal; and yet each woman gave birth to a child. Truly, as an ex-Master of the Rotunda Hospital used, with a rich brogue, to say, "The spermatozoon is a varry inseenuating leetle devil."

Much light is thrown upon the diagnosis of ovarian tumors. For their fluid contents he claims certain microscopic characteristics which are diagnostic, and, therefore, insists upon a tapping as a sure method of clearing up any obscurity. What specialist has not puzzled his brains in distinguishing between a fibrocystic tumor of the womb and a cystic tumor of the ovary? But Dr. Atlee supplies us with a ready test: "In the former affection, the evacuated fluid, being true liquor sanguinis, so coagulates upon cooling as to cling to the cup in which it is contained, even when inverted; whereas the fluid of an ovarian cyst remains quick and uncoagulable." It is always of great importance to know whether a cyst is in the ovary, or in the broad ligament; for the one is curable, the other not, without an operation. Here again our author furnishes us with a trustworthy method of diagnosis, which our limited space forbids us to transcribe. He explains the manner of discovering adhesions; gives the latest views upon the pathology of these tumors; shows how, when, and where to tap, and, in one word, throws out innumerable priceless hints, which alone would be the making of an author.

The work would certainly have been more complete had he collated, besides his own, the experience of other master-workmen in the same specialty. As a counterbalance, however, with rare candor and courage he tells his own mistakes, and also, it must be confessed, those of his friends. Among these we unexpectedly came across one of our own; but the rack itself would not extort from us any clue leading to the chapter or page.

After all this praise, it may seem like treachery to find fault. But, although we own to a grudge for the perpetuation of our unlucky blunder, we protest that we shall not follow the example of that son of Zeruiah, who said to his foe, "Art thou in health, my brother?" and then smote him under the fifth rib. Reviewers must be impartial; we shall try to be as much so as the circumstances will permit, scrupulously sheathing our thumb-lancet.

The chapter on "Pelvic Tumor and Abscess" is too short, and by no means up with the times. A phantom chapter of just nine and a half lines (we refer the incredulous reader to chap. xv., p. 348) discusses the whole subject of phantom tumors. This miracle of condensation stands unapproachable; in the material world it could have been attained only by a hydrostatic press, or by the pressure of several atmospheres.

The chapter on pathology, and the one on chemical analysis, written respectively, and very ably too, by Drs. Mears and Drysdale, are thrown so awkwardly into the body of the text as to give no clue whatever to the authors. "During the past year," begins the one, "I have had the opportunity, through the courtesy of the author, of assisting at a large number of his operations." The other one is thus introduced: "The great number of fluids removed by Dr. W. L. Atlee from patients laboring under different forms of abdominal dropsy presenting an unusually favorable opportunity for the investigation of these products of disease, I commenced, in the year 1853, their chemical and mi-

crossical examination." Now, "Who is the first 'I,' and who the second 'I'?" will be the query of the puzzled reader, unless perchance he has done what few nowadays do, read the preface.

We are tempted to break a lance with the author on some far more practical and important points, but, before the bold crest of so tried a knight, we deem discretion to be the better part of valor. "Touch the Hospitaller's shield; he has the least sure seat," cried out the crowd at the tourney of Ashby. This cowardly advice Ivanhoe did not follow, but we shall.

A NOMENCLATURE OF DISEASES, etc. 8vo, pp. 94. Philadelphia, Collins, printer, 1872.

This pamphlet has the following history: In 1869 a committee was appointed by the American Medical Association to determine what alterations, if any, were necessary to adapt the Provisional Nomenclature of the Royal College of Physicians of London to general use in the United States. This committee decided that a complete revision was desirable, and, in accordance with their views, a new committee was appointed in 1870, whose report was handed in at the meeting of the Association in May last. A minority report, signed by four members, embodied a resolution, which was carried, that the nomenclature and classification, as submitted, should be published in the *Transactions*, and that an edition of one thousand should be printed for distribution to the profession; the question of its adoption being postponed to the next annual meeting.

We commend the examination of this most important subject to our readers.

BOOKS AND PAMPHLETS RECEIVED.

The Science and Practice of Medicine. By William Aitken, M.D. Edin., Professor of Pathology in the Army Medical School. Third American, from the Sixth London Edition, with Additions by Meredith Clymer, M.D. In two volumes, illustrated. 8vo, pp. 1056, 962. Philadelphia, Lindsay & Blakiston, 1872.

On Some Affections of the Liver and Intestinal Canal, with Remarks on Ague and its Sequelæ, Scurvy, Purpura, etc. By Stephen H. Ward, M.D. Lond., etc. 8vo, pp. 260. Philadelphia, Lindsay & Blakiston, 1872.

On Cerebralia and other Diseases of the Brain. By Charles Elam, M.D. Lond., etc. 8vo, pp. 142. Philadelphia, Lindsay & Blakiston, 1872.

General and Differential Diagnosis of Ovarian Tumors, with Special Reference to the Operation of Ovariectomy, and occasional Pathological and Therapeutical Considerations. By Washington L. Atlee, M.D. With thirty-nine Illustrations. 8vo, pp. 482. Philadelphia, J. B. Lippincott & Co., 1872.

The Journal of the Gynecological Society of Boston. Edited by Winslow Lewis, M.D., Horatio R. Storer, M.D., and George H. Bixby, M.D. Vol. vi., Jan. to July, 1872. Boston, James Campbell, publisher.

New Treatment of Venereal Diseases and of Ulcerative Syphilitic Affections by Iodoform. Translated from the French of Dr. A. A. Izard, by Howard F. Damon, M.D. 12mo, pp. 73. Boston, James Campbell, 1872.

Smallpox: the Predisposing Conditions and their Preventives, with a Scientific Exposition of Vaccination. By Dr. Carl Both. Second Edition. 12mo, pp. 82. Boston, Alexander Moore, 1872.

A Nomenclature of Diseases, with the Reports of the Majority and of the Minority of the Committee thereon. Presented to the American Medical Association at the Meeting held in Philadelphia, May, 1872. 8vo, pp. 94. Philadelphia, Collins, printer, 1872.

GLEANINGS FROM OUR EXCHANGES.

INSANITY AND HOMICIDE.—In the *Journal of Mental Science* for July, 1872, in connection with a review of the trial of an American, named Minor, for the killing of George Merritt, we find the following remarks on the existing state of the English law as to insanity:

"If a man, knowing in other respects the difference between right and wrong, have the maddest delusion which madness can imagine, and if he do murder, and if no direct connection can be traced by others between the delusion and the murder, then, according to the dicta of English judge-made law, the man may righteously be put to death as an example to other madmen. To absolve him from responsibility, the criminal act must be the 'immediate unqualified offspring' of the delusion. If not, though he would be held incapable of conducting his own affairs, he would be considered answerable for the act. In fact, 'the good old' rule of English law, that an insane person may be a proper object of punishment, is as binding now on English judges as it was generations ago. The influence of the delusion upon the act must be direct and positive; for if an insane person, under a delusion that some one has inflicted an injury upon him, were to kill that person, he would unquestionably be amenable to punishment as a murderer. It is the duty and within the capacity of a madman to know that it is wrong to revenge evil by evil, and that it is right to bless those who persecute and despitefully use him; and if he knows this of a real injury, he must be assumed to know it of an injury which he is under the delusion that he has sustained. The unsound mind, being nowise incapacitated from full healthy function by the disease of which the delusion is a symptom, should entirely isolate its delusion or delusions, just as prudent persons isolate a case of smallpox or other infectious disease, and should not allow it to infect the feelings, thoughts, and acts. With this exception, however, that if the insane person makes a will or does any other civil act to the prejudice of another, under the influence of a delusion that he has been injured by him, his delusion will be assumed to have infected his conduct, and his act will be voided by law. He may make a will under the influence of bad feeling springing from a delusion, and he will suffer the penalty of having his act declared null; but if he does murder under the influence of an exactly similar feeling, springing from an exactly similar delusion, his act will be declared valid, and he will get the benefit of being hanged."

COOLING OF THE BODY UNDER THE ACTION OF ALCOHOL.—The following record is derived from the same source:

"MM. Lallemand, Perrin, and Duroy mention the lowering of nearly a degree (centigrade) in the temperature of animals submitted to the action of alcohol. Edward Smith points out also a cooling of the body in the same circumstances; but already, in 1848, MM. Duméril and Demarquay had pointed out a considerable decrease in temperature in animals submitted to the action of alcohol; and in one of their experiments, they were able to record, after three hours, a difference of 9.6° in a dog to which they had administered 125 grammes of alcohol; that is, a decrease in temperature more marked than when ether or chloroform has been employed.

"We ourselves, in an experiment, have observed as much as 3.5° of decrease in animals plunged into drunkenness through alcohol, but not so affected as to be killed thereby.

"Clinical observation also furnishes us with examples not less remarkable of cooling of the body under the influence of alcoholic drinks. I am indebted to the courtesy of M. Dugnet, senior Clinical Professor of the

Faculty, for the account of a case of alcoholic drunkenness, in which the cooling was carried to its utmost limits. This was a woman, aged thirty-eight years, of vigorous constitution, who, on 3d March, 1869, at ten o'clock in the morning, was brought to La Pitié, St. Charles ward, under the charge of M. Peter. This woman, after having the evening before drunk freely, wandered into the country, to near Ivry. She passed the night under a cold and heavy rain; was observed wandering about, at three o'clock in the morning, by some country laborers. At six o'clock she was found lying in a ditch, cold and insensible.

"On arrival at the hospital, coma was complete, coldness of the surface considerable, sensibility almost nil, the pupils contracted, the limbs exhibited slight, slow, convulsive movements, resembling contortions, or rather a kind of *repletion* in every direction; the force displayed in these movements was considerable; the pulse was full, and regular, but slow. The temperature, carefully taken, at the moment of the visit, equalled 26° (cent.) in the axilla and vagina.

"The patient, placed in bed, was heated by means of warm bottles; she had also stimulating drinks. By degrees the convulsive phenomena ceased, the temperature of the body rose insensibly, and the patient recovered consciousness at 4.30 P.M. From this moment, all the functions became re-established rapidly, and the return to health was so complete that she left the hospital two days afterwards.

"M. Hirne, clinical clerk, took the temperature at various intervals, after the first examination, which had indicated 26°. The following is the table of its gradual rise:—

| Hours. | Temp. in vagina. | Temp. in axilla. |
|--------|---------------------|---------------------|
| 11.30 | 27.9 | 27.9 |
| 12.30 | 28.7 | 28.6 |
| 12.45 | 30.4 | 30. |
| 1.15 | 30.9 | 31.1 |
| 3.15 | 34.4 | 34.3 |
| 4.20 | | 36.3 |

ABSCESS AND INFARCTUS OF THE LIVER AND SPLEEN.—*Le Mouvement Médical* quotes the following conclusions from a memoir on this subject, published by M. J. Arnould, in the *Gazette Médicale*:

1. Clinically, abscesses of the liver and spleen have not the history of phlegmons; the inflammatory reaction by which they are often accompanied is irregular, and depends less upon the hepatic or splenic lesion than upon the associated disturbance of neighboring organs, such as the peritoneum or pleura.
2. Anatomically, the detritus or products of retrograde metamorphosis predominate over the phlegmonous elements, in the pus of abscesses of the liver or spleen; the neoplastic membrane of the envelope is not the result of the original plasticity of exudation-substance, but the ulterior consequence of a need of protection.
3. There are instances of infarctus of the liver or spleen, that is to say, of local hindrances to nutrition in one or more regions of these glands, dependent on capillary obstructions.
4. The coagulations of blood in the liver and spleen, met with in the inhabitants of hot countries, in Europeans especially, are primarily caused by the exaggeration, physiological under such circumstances, of the glandular nutrition of those organs, through increased vascular activity.
5. This excess of vascular activity, in itself and with the aid of the general causes of debility, induces paralyses, more or less complete, of the vaso-motor nerves.
6. In consequence of these paralyses, along with a special condition of the blood, coagulations take place, first arterial and then venous.
7. Dysentery and malarial fevers, powerful causes of

glandular hyperactivity and of marasmus, are eminently calculated, without being indispensable, the former to the production of infarctus of the liver, the latter to that of infarctus of the spleen.

8. The regressive evolution, the natural termination of infarctus, may produce clinically and anatomically all the known symptoms of endemic abscess of the liver and spleen. This mechanism resolves the grave objections to the hypothesis of their simply phlegmonous character.

9. Phlegmonous hepatitis or splenitis can scarcely be conceived of as possible, especially in hot countries.

10. Direct observation proves that in many cases the softening of infarctus has been the beginning of purulent deposits resembling those hitherto called abscesses of the liver or of the spleen. This is probably generally the case in hot countries.

ON EDEMATOUS ELONGATION WITH PROLAPSE OF THE CERVIX UTERI, DURING PREGNANCY AND ACCOUCHEMENT.—M. Guéniot (*Mémoires de l'Académie de Médecine*, 1872) gives this name to a peculiar affection met with in pregnancy. The organ is congested and swollen; its cavity is transformed into an open canal. Ulceration of the os tincæ, eversion of the vagina, thinning and flaccidity of the uterine walls, are almost constant symptoms. The causes of this alteration assigned by M. Guéniot are certain anatomical arrangements of the organ, and the mechanical conditions to which it is subjected for a long time. The results of the affection are inconvenient and distressing to the woman, and there is a tendency to abortion or to premature labor.

M. Guéniot advises the reposition of the womb, and its retention by means of a tampon and bandage, with rest in the horizontal position, and sedatives.

DISARTICULATION OF THE FEMUR.—The *Berliner Klinische Wochenschrift* contains an account of this operation, performed by Esmarch in Kiel, in a case of osteosarcoma of the bone.

Among other points connected with the operation, particular attention is called to the following facts:

The operator deemed it advisable to saw through the bone before disarticulating the femur. This he did immediately after cutting through the soft parts. The advantages of this are very evident. The sawing through the bone requires but a moment, and then all the bleeding vessels can be secured, thus enabling the operator to proceed leisurely to the disarticulation of the head of the femur.

In the case reported, transfusion of blood was deemed necessary, and three hundred cubic centimetres of defibrinated blood were injected into the femoral vein immediately after the operation. The result was not favorable, as the patient died on the tenth day following the operation.

The blood used in this case of transfusion was the patient's own, which had been carefully caught and defibrinated during the operation, at the termination of which the femoral artery was ligated and the femoral vein exposed, so as to permit the insertion of the nozzle of the syringe containing the defibrinated blood.

TREATMENT OF TIC DOULOUREUX BY MEANS OF ICE (W. Wenteritz: *Zur Behandlung des Tic douloureux mit Eisstreichungen*—*Mitt. des Aerztl. Vereins in Wien*, Bd. 1, No. 7, 1872).—In a very stubborn case of facial neuralgia in a lady, which had not yielded to any of the means applied, a smooth piece of ice was stroked gently over the affected side of the face every five minutes. The painfulness of the application is lessened by holding some alcoholic fluid in the mouth until a slight feeling of warmth is excited. The pain, which disappeared in twelve hours under this treatment, had not returned ten months subsequently.

MISCELLANY.

At a special meeting of the Medical Board of Philadelphia Hospital, held September 16, 1872, the following preamble and resolution were unanimously adopted:

Whereas, It has pleased Divine Providence to remove from our midst our friend and colleague, Dr. George Pepper, Accoucheur to the Philadelphia Hospital, we, the Medical Staff of the Hospital,

Resolve, That, while we recognize the unchanging character of the Divine fiat which has called him away, we cannot but deeply deplore the loss to the hospital, of which he was an efficient officer, and to our common profession, of which he was a bright ornament. With intellectual powers which eminently fitted him to advance the science in which his interest was so deep; with a heart filled with human sympathy; with a love of truth which was unimpeachable, and a character which was beyond reproach, he was peculiarly fitted to discharge the responsible and delicate duties of his calling.

These qualities endeared him alike to his patients and professional brethren, and make it a double loss to science and to humanity that he has been removed by death just as he had fairly entered on the active duties of life.

HARRISON ALLEN, M.D.,
Sec. Medical Board.

THE late Professor Edward Parrish, of the Philadelphia College of Pharmacy, who died on the 9th ult., at Fort Sill, Indian Territory, of typho-malarial fever, will be remembered by very many practitioners of medicine all over the country, who during their student days in this city attended his private lectures. He was the author of the well-known work, which bears his name, on pharmacy, and a man of high scientific acquirements, to all which he added a singularly pure and blameless private life.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.—We learn that a large number of medical and other scientific men have organized as the "American Public Health Association," with Stephen Smith, of New York, President; Edwin M. Snow, of Providence, and C. B. White, of New Orleans, Vice-Presidents; John H. Rauch, of Chicago, Treasurer; Elisha Harris, of New York, Secretary; Francis Bacon, of New Haven, William Clendennin, of Cincinnati, C. C. Cox, of Washington, Henry Hartshorne, of Philadelphia, Moreau Morris, of New York, and John M. Woodworth, of Washington, Executive Committee. The present number of members is ninety-five, all well-known workers in the field of sanitary improvement in the cities of the United States and Canada. The next meeting will be at Washington, in the last week in February.

THE Hahnemann Medical College is said (by a Homœopathic journal) to contain a "segment of perforated ileo-cæcal and colic intestine (perforations caused by metallic quicksilver, administered in tablespoonful doses by old-school physicians)." Can such things be? We fail to see how.

BURNING OF AN INSANE ASYLUM.—The Northern Ohio Lunatic Asylum, at Newburg, was almost totally

destroyed by fire about three weeks since. Nine persons perished in the flames. The institution contained about six hundred patients, and it is wonderful that the loss of life was not much larger.

PRIZES OFFERED.—*Boylston Medical Prizes*.—The following are the questions proposed for 1873:

1. Electro-therapeutics.
2. The Value of Chemistry to the Medical Practitioner.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1873, will be entitled to a premium of one hundred and fifty dollars.

Dissertations on these subjects must be presented on or before the first Wednesday in April, 1873.

Warren Prize.—The income of two thousand dollars for three years will be awarded to the author of the best original dissertation, considered worthy of a prize, on the subject of "Experimental Researches on the Elimination of Drugs by the Mammary Glands."

Dissertations, accompanied with a sealed envelope, containing the name and address of the writer, must be sent on or before the 1st of February, 1874, to Dr. Benj. S. Shaw, Resident Physician, Massachusetts General Hospital, Boston.

Boylston Medical Society Prizes.—Two prizes, of thirty and twenty dollars respectively, will be awarded for the most approved dissertations, considered worthy, on medical subjects, to be selected by the author. Dissertations must be placed in the hands of the President of the Society on or before the 31st of January, together with a sealed envelope containing name and address of the author. Decision of the Committee to be announced at the last meeting of the Society in February.

Jacobi Prize.—A prize of four hundred dollars will be awarded for the best essay, considered worthy, on "A History of the Diseases of Infancy and Childhood in the United States, and of their Pathology and Therapeutics."

Dissertations must be sent, postpaid, accompanied by a sealed envelope containing name and address of author, to Dr. A. E. M. Purdy, 123 East Thirty-eighth Street, New York, on or before January 1, 1873.

A bequest of ten thousand francs has been made to the Academy of Medicine in Paris by M. Falret, for the purpose of founding a prize on mental and nervous diseases.

ABSURD AND BRUTAL SUPERSTITION IN CONNECTICUT.—The Providence *Herald*, Sept. 5, says, "The village of Peacedale was thrown into excitement on Thursday last by the report that two graves had been dug up near Watson's Corner, on the shore of the Saugatuck River. The family of Mr. William Rose, who reside at Saunderstown, near the South Ferry, are subject to consumption, several members of the family having died of the disease, and one member of the family is now quite low with it. At the urgent request of the sick

man, the father, assisted by Charles Harrington, of North Kingston, repaired to the burying-ground, located one mile north of Peacedale, and, after building a fire, first dug up the grave of his son, who had been buried twelve years, for the purpose of taking out his heart and liver, which were to be placed in the fire and consumed, in order to carry out the old superstition that the consumptive dead draw nourishment from the living. But as the body was entirely reduced to ashes, except a few bones, it was shortly covered up, and the body of a daughter who had been dead seven years was taken out of the grave beside her brother. This body was found to be nearly wasted away, except the vital parts, the liver and heart, which were in a perfect state of preservation. The coffin was nearly perfect, while the son's coffin was nearly demolished. After the heart and liver had been taken out, it was placed in the fire and consumed, the ashes only being put back in the grave. The fire was then put out, and the two men departed to their respective homes. Only a few spectators were present to witness the horrible scene. It seems that this is not the first time that graves have been dug up where consumption was prevalent in the family, and the vital parts burned, in order to save the living. A few years ago the same was done in the village of Moorsfield, and also in the town of North Kingston, both of course without success."

DARWIN DEFEATED AGAIN (*Nature*, Aug. 1).—The choice of a foreign correspondent of the French Académie des Sciences has resulted in the defeat of Mr. Darwin, and the election of Mr. Loewen, of Stockholm, who received thirty-two votes, against fifteen given to the English naturalist. The discussion had extended over three long sittings in secret committee, the leader of the advocates of Mr. Darwin's claim being again his opponent in controversy, M. de Quatrefages, while M. Emile Blanchard led the opposition. A correspondent of *Les Mondes*, an eminent member of the Academy, in commenting on the result, states that not one of those who voted for Mr. Darwin shared his philosophical doctrines, and not one of those who opposed his candidature alleged as his motive the error or danger of his doctrines. "What has closed the door of the Academy to Mr. Darwin is that the science of those of his books which have made his chief title to fame—the 'Origin of Species,' and still more the 'Descent of Man'—is not science, but a mass of assertions and absolutely gratuitous hypotheses, often evidently fallacious. This kind of publication and these theories are a bad example, which a body that respects itself cannot encourage."

ALEXANDER POPE AND PHYSICIANS.—Pope always took the side of physicians. Like Johnson, Parr, and all men of enlightenment and sound scholarship, he had a high opinion of the faculty. His habitual tone, when speaking of the medical profession, was that of warm admiration and affection. In his last days he wrote in a confidential letter, "They are in general the most amiable companions and the best friends, as well as the most learned men I know."

MORTALITY OF PHILADELPHIA.—The following reports are condensed from the records at the Health Office:

| | For the week ending | | |
|---|---------------------|------------|------------|
| | Sept. 14. | Sept. 21. | Sept. 28. |
| Consumption | 33 | 42 | 41 |
| Other Diseases of Respiratory Organs | 15 | 26 | 22 |
| Diseases of Organs of Circulation | 17 | 11 | 14 |
| Diseases of Brain and Nervous System | 44 | 39 | 44 |
| Diseases of the Digestive Organs | 25 | 22 | 19 |
| Diseases of the Genito-Urinary Organs | 5 | 3 | 5 |
| Zymotic Diseases | 34 | 20 | 19 |
| Cholera Infantum | 17 | 13 | 3 |
| Casualties | 5 | 12 | 11 |
| Cancer | 4 | 7 | 6 |
| Marasmus | 24 | 23 | 14 |
| Old Age | 10 | 18 | 9 |
| Stillborn | 12 | 12 | 18 |
| Intemperance | 1 | 1 | 2 |
| Suicide | 0 | 1 | 3 |
| Syphilis | 0 | 1 | 0 |
| Murder | 0 | 2 | 1 |
| Unclassifiable | 36 | 23 | 35 |
| Unknown | 2 | 1 | 1 |
| Totals | 284 | 277 | 267 |
| Adults | 139 | 150 | 154 |
| Minors | 145 | 127 | 113 |

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM SEPTEMBER 1, 1872, TO SEPTEMBER 13, 1872, INCLUSIVE.

- BROOKE, JOHN, ASSISTANT-SURGEON.**—By S. O. 105, Department of the Columbia, August 31, 1872, granted leave of absence for thirty days, with permission to apply for an extension of thirty days.
- SIMONS, JAMES, SURGEON.**—By S. O. 137, Department of the Gulf, Sept. 2, 1872, granted leave of absence for thirty days.
- GARDNER, W. H., ASSISTANT-SURGEON.**—By S. O. 205, War Department, A. G. O., Sept. 3, 1872, relieved from duty in Department of the East, and to report in person to the Commanding General, Department of the Missouri, for assignment.
- COWDRAY, S. G., ASSISTANT-SURGEON.**—By S. O. 144, Department of the Missouri, Sept. 3, 1872, granted leave of absence for thirty days, with permission to apply for an extension of twenty days—to take effect during October, 1872.
- CARVALLO, C., ASSISTANT-SURGEON.**—By S. O. 89, Department of the Lakes, Sept. 5, 1872, assigned to duty at Fort Gratiot, Michigan.
- HASSON, A. B., SURGEON.**—By S. O. 169, Department of the East, Sept. 6, 1872, assigned to duty as Post Surgeon at Fort Trumbull, Conn.
- WOLVERTON, W. D., ASSISTANT-SURGEON.**—By S. O. 178, Department of Dakota, Sept. 6, 1872, assigned to duty at Fort Abercrombie, Dakota Territory.
- DICKSON, J. M., ASSISTANT-SURGEON.**—By S. O. 154, Department of the Platte, Sept. 7, 1872, granted leave of absence for thirty days, and by S. O. 86, Military Division of the Missouri, Sept. 14, 1872, leave extended thirty days.
- DE GRAW, C. S., ASSISTANT-SURGEON.**—By S. O. 94, Department of the Lakes, Sept. 13, 1872, granted leave of absence for fifteen days, and permission to apply for five days' extension.
- STERNBERG, GEORGE M., ASSISTANT-SURGEON.**—By S. O. 137, c. s., Department of the Gulf, assigned to temporary charge of Medical Director's office during absence of Medical Director.
- HUNTINGTON, D. L., ASSISTANT-SURGEON.**—By S. O. 169, c. s., Department of the East, relieved from duty at Fort Trumbull, Conn., and to report in person at these Headquarters.
- VICKERY, R. S., ASSISTANT-SURGEON.**—By S. O. 205, War Department, A. G. O., c. s., relieved from duty in District of New Mexico, to proceed to New York City, and, upon arrival, report by letter to the Surgeon-General.
- MOFFATT, P., ASSISTANT-SURGEON.**—By S. O. 205, War Department, A. G. O., c. s., relieved from duty at Newport Barracks, Kentucky, and to report in person to the Commanding General, Department of the Missouri, for assignment.
- DELANY, A. S., ASSISTANT-SURGEON.**—By S. O. 205, War Department, A. G. O., c. s., relieved from duty in District of New Mexico, to proceed to New York City, and, upon arrival, report by letter to the Surgeon-General.